## **COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM**

PERIOD: JULY 1, 2005 - JUNE 30, 2006

1.

2.

D	epartment/Court:		North Central	Mental Hea	ilth Center
Di	vision/Unit:		HHSA/A	dult Mental F	lealth
V	OLUNTEER PRO	GRAM BEN	EFITS:		
	ENERAL VOLUN tern, groups, corp			ude commur	nity volunteer, student
4No.	Vol. 1751.75	Hours	0 X	\$18.04	= \$31,601.5
Types	of work performe	d by GENEF	RAL VOLUNTEERS	in this cate	gory:
Our vo	olunteers were Ma	ister Level C	hild and Family Stu	idents and M	ISW Students. Thus,
with su	upervbision, they	did telephone	e triage, initial asse	ssments, inc	dividual counseling,
and gr	oup counseling.				
o. IN	STITUTIONAL Vonates, PIC/RETC			ld include co	ourt referrals, honor can
b. IN ini				ld include co	ourt referrals, honor can
b. IN ini <b>No.</b> Types	mates, PIC/RETC	, GAIN, etc.)		\$18.04	\$0,00
b. IN inr	mates, PIC/RETC	, GAIN, etc.)	0 X	\$18.04	\$0,00
Types None.	of work performer periods in positions have verifications.	, GAIN, etc.) Hours  d by INSTITU  UNTEERS (in present the second of the	UTIONAL VOLUNT	\$18.04 EERS in this include utilize or expertise se specialize J. If you have	s category:  cation of Special levels, for example, an ed e such a volunteer,
No: No: Types None.  SF Vo att	of work performer periods in positions have verifications.	, GAIN, etc.) Hours  d by INSTITU  UNTEERS (in present the second of the	this section should specific skills and/e or celebrity). The nsation levels [VCL	\$18.04 EERS in this include utilize or expertise se specialize J. If you have	s category:  cation of Special levels, for example, an ed e such a volunteer,
No: No: Types None.  SF Vo att	of work performer of work performers in position of work performer. The work performer of work perform	UNTEERS (in sports figure able comper position, hou	this section should specific skills and/e or celebrity). The asation levels [VCL ars and compensation]	\$18.04 EERS in this include utilize or expertise se specialize j. If you have on level belo	s category:  cation of Special levels, for example, an ed e such a volunteer, ew.)

one				
J. TOTALS	OF DEPAR	RTMENT V	OLUNTEERS (f	rom above):
No. of \	/olunteers	-	Hours	Dollar Benefit
17	51.75	_	0	\$31,602
	0	_	0	\$0
	0	_	0	#VALUE!
TOTALS:	1752	Total	Hours	) Total Value #VALUE
lease list al nd tangible/ ooks, etc. I	l donations ′intangible i Please assi	to the departems. Item	artment's Volunt is such as comp	eer Program including monetary donati uters, air time, transportation, ich and add to the total value of the
nd tangible/ ooks, etc. I onations se em Donated	I donations fintangible i Please assi ection.	to the depatems. Item gn a fair m	artment's Volunt ns such as comp arket value to ea one	uters, air time, transportation, ich and add to the total value of the  Value:
lease list al nd tangible/ ooks, etc. fonations se em Donated	I donations fintangible i Please assi ection.	to the depatems. Item gn a fair m	artment's Volunt ns such as comp arket value to ea	uters, air time, transportation, ich and add to the total value of the  Value:
lease list al nd tangible/ ooks, etc. I onations se em Donated	I donations fintangible i Please assi ection. d:	to the depatems. Item gn a fair m	artment's Volunt ns such as comp arket value to ea one	uters, air time, transportation, ich and add to the total value of the  Value:
lease list al nd tangible/ ooks, etc. I onations se em Donated em Donated	I donations fintangible i Please assistation. d: d:	to the depatems. Item gn a fair m	artment's Volunt ns such as comp arket value to ea one	uters, air time, transportation, ich and add to the total value of the  Value:  Value:
lease list al nd tangible/ ooks, etc. I onations se em Donated em Donated	I donations fintangible i Please assistation. d: d:	to the depatems. Item gn a fair m	artment's Volunt ns such as comp arket value to ea one	uters, air time, transportation, ich and add to the total value of the  Value:  Value:  Value:
lease list al nd tangible/ ooks, etc. I onations se em Donated em Donated em Donated	I donations fintangible i Please assistation. d: d:	to the depatems. Item gn a fair m	artment's Volunt ns such as comp arket value to ea one	uters, air time, transportation, ich and add to the total value of the  Value:  Value:  Value:  Value:
lease list al nd tangible/ ooks, etc. If onations se em Donated em Donated em Donated em Donated em Conated	I donations (intangible intangible intense assistation.  d:d:d:d:d:d:d:d:d:direct super	to the departems. Items  No  RAM CO	artment's Volunt ns such as comp arket value to ea one  TO OSTS:	uters, air time, transportation, ich and add to the total value of the  Value:  Value:  Value:  Value:

\$34.77

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20

Hours

3.

4.

960000099

\$695.40

	C.	Other program costs (training materials/supplies, rec	cognition costs, etc.):
		Item : T&D Training	Cost: \$183.00
		Item :	Cost:
		Item :	Cost:
		TOTAL OF OTHER PROGRAM COSTS =	\$183.00
	d.	TOTAL OF PROGRAM COST (4a+4b+4c) =	\$4,173.00
5.		NET BENEFIT TO DEPARTMENT FROM VOLUNT	EER PROGRAM:
	а	Total Dollar Benefits of Volunteers, Item 2d	\$31,602.00
	b.	Total of Donations to Volunteer Program, Item 3	\$0.00
	C.	Subtract Total of program Costs, Item 4d	\$4,173.00
		TOTAL PROGRAM BENEFIT:	\$27,429.00

counseling.						
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Please descr	DLUNTEER PROGRAM ACTIVITIES/ACI ribe any special activities and/or achievemeriod of this report:					
We startred t	he Morena Activity Center for our clients,	and studer	nt volunteers helped			
staff the prog	ıram.	<u> </u>				
			100			
Please descritraining, reco	R PROGRAM GOALS FOR FISCAL YEAribe your program goals. Include activities ognition and other goals:	s, number o	of volunteers, recruitment,			
	keep our current level of masters level vol	unteers (3)	and add 4 Ph.D.			
level student volunteers.						
	Control of the Contro					
		A Married Control				
GENERAL II	NFORMATION:	144,444,44				
	NFORMATION: son completing report:	Carter C	C. Gardner Ph.D.			
		Carter C	C. Gardner Ph.D.  arter.Gardner@sdcounty.ca.g			
Name of per	son completing report:(619) 692-8739		arter.Gardner@sdcounty.ca.g			
Name of per	son completing report:(619) 692-8739	E-Mail:	arter.Gardner@sdcounty.ca.g			
Name of personal Phone:  Volunteer Control Phone:	son completing report:  (619) 692-8739	E-Mail: Dr. Chai	arter.Gardner@sdcounty.ca.g			
Name of personal Phone:  Volunteer Control Phone:	son completing report:  (619) 692-8739 Mail Stop: P542  poordinator:	E-Mail: Dr. Chai	arter.Gardner@sdcounty.ca.g			
Name of personal Phone:  Volunteer Control Phone:	son completing report:  (619) 692-8739	E-Mail: _Dr. Chai _E-Mail:	arter.Gardner@sdcounty.ca.g			